



Traffic Crash Report

Local Report Number *

14-075

Crash Severity

3 1 - Fatal
2 - Injury
3 - PDO

Hit/Skip

1 1 - Solved
2 - Unsolved

Local Information

Photos Taken

☐ OH-2 ☐ OH-1P
☐ OH-3 ☐ Other

PDO Under

State
Reportable
Dollar Amount

Private

Property

Reporting Agency NCIC *

08303

Reporting Agency Name *

Lebanon PD

Number of

Units

03

Unit in error

01 98 - Animal
99 - Unknown

County *

83

City *

Village *

Township *

City, Village, Township *

Lebanon

Crash Date *

02142014

Time of Crash

1800

Day of Week

FRI

Degrees / Minutes / Seconds

Latitude 0 ' " Longitude 0 ' "

Decimal Degrees

Latitude 39.434391 Longitude -84.197352

Roadway Division

☐ Divided
☒ Undivided

Divided Lane Direction of Travel

☐ N - Northbound E - Eastbound
☐ S - Southbound W - Westbound

Number of Thru Lanes

02

Road Types or Milepost 2

AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way
AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace
BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location

Location Route Number

Loc Prefix

Location Road Name

Mound

Location

Road

Type 2

Route Types 1

IR - Interstate Route (inc. turnpike) CR - Numbered County Route
US - US Route TR - Numbered Township Route
SR - State Route

Distance From Reference

50

Miles
Feet
Yards

Dir From Ref

W N, S,
E, W

Reference

Route

Reference Route Number

Type 1

Ref Prefix

N, S,
E, W

Reference Name (Road, Milepost, House #)

Walnut

Reference

Road

Type 2

Reference Point Used

1 - Intersection
2 - Mile Post
3 - House Number

Crash Location

01

01 - Not an intersection

02 - Four-way Intersection

03 - T-Intersection

04 - Y-Intersection

05 - Traffic Circle/Roundabout

06 - Five-point, or more

07 - On Ramp

08 - Off Ramp

09 - Crossover

10 - Driveway/Alley Access

11 - Railway Grade Crossing

12 - Shared-Use Paths or Trails

99 - Unknown

Intersection

Related

Location of First Harmful Event

1 - On Roadway 5 - On Gore
2 - On Shoulder 6 - Outside Trafficway
3 - In Median 9 - Unknown
4 - On Roadside

Road Contour

1 - Straight Level 4 - Curve Grade
2 - Straight Grade 9 - Unknown
3 - Curve Level

Road Conditions

Primary

Secondary

01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 09 - Rut, Holes, Bumps, Uneven Pavement*
02 - Wet 06 - Water (Standing, Moving) 10 - Other
03 - Snow 07 - Slush 99 - Unknown
04 - Ice 08 - Debris*

* Secondary Condition Only

Manner of Crash Collision/Impact

6 1 - Not Collision Between 2 - Rear-End 5 - Backing 8 - Sideswipe, Opposite
Two Motor Vehicles 3 - Head-On 6 - Angle Direction
In Transport 4 - Rear-to-Rear 7 - Sideswipe, Same Direction 9 - Unknown

Weather

6 1 - Clear 4 - Rain 7 - Severe Crosswinds
2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow
3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown

Road Surface

2 1 - Concrete 4 - Slag, Gravel, Stone
2 - Blacktop, Bituminous, Asphalt 5 - Dirt
3 - Brick/Block 6 - Other

Light Conditions

Primary

Secondary

1 - Daylight 5 - Dark - Roadway Not Lighted 9 - Unknown
2 - Dawn 6 - Dark - Unknown Roadway Lighting
3 - Dusk 7 - Glare*
4 - Dark - Lighted Roadway 8 - Other

* Secondary Condition Only

School Bus Related

☐ School Zone Related
☐ Yes, School Bus Directly Involved
☐ Yes, School Bus Indirectly Involved

Work Zone

Related

Workers Present

☐ Law Enforcement Present (Officer/Vehicle)
☐ Law Enforcement Present (Vehicle Only)

Type of Work Zone

1 - Lane Closure 4 - Intermittent or Moving Work
2 - Lane Shift/Crossover 5 - Other
3 - Work on Shoulder or Median

Location of Crash in Work Zone

1 - Before the First Work Zone Warning Sign 4 - Activity Area
2 - Advance Warning Area 5 - Termination Area
3 - Transition Area

Narrative

Diagram

Unit 2 and unit 3 were parked westbound on Mound Ct. Unit 1 was traveling eastbound on Mound Ct. Unit 1 failed to maintain control on the snow-covered street and struck Unit 2 and Unit 3.

NOT TO SCALE

Mound Ct.



Write an "N" on the compass diagram to indicate the direction of north.

Report Taken By

☒ Police Agency ☐ Motorist☐ Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported

02142014

Time Crash Reported

1800

Dispatch Time

1810

Arrival Time

1810

Time Cleared

1840

Other Investigation Time

0010

Total Minutes

0050

Officer's Name

DKURILKO

Officer's Badge Number

115

Checked By

ACM-131

Page of



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

14-075

| | | | | |
|-------------------|---|-----------------------------|-----------|------------------------------------|
| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE Godown, Bruce, A | DATE OF BIRTH 02/17/1958 | AGE 55 | GENDER M F - FEMALE M - MALE |
|-------------------|---|-----------------------------|-----------|------------------------------------|

ADDRESS, CITY, STATE, ZIP

605 Grandview, Lebanon, OH 45036

CONTACT PHONE- INCLUDE AREA CODE

513-267-5185

| | | | | | | | | | | |
|--|---|--------------------------|-----------------------------------|-----------------------------|---------------------------------------|--------------------------|------------------------|-------------------------|-----------------------|---------------------|
| INJURIES 1 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE OH | OPERATOR LICENSE NUMBER RU205530 | OL CLASS 4 | No VALID OL M/C END. | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE . | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
| OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 331.38 | OFFENSE DESCRIPTION Failure to Control | CITATION NUMBER 68988 | HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY 1 | | | | | | |

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|---|---------------------------|----------------------------------|-----------------------------------|----------------------------------|---------------------------------------|---------------------|-------------------|--------------------|------------------|----------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | | |
| ADDRESS, CITY, STATE, ZIP | | CONTACT PHONE- INCLUDE AREA CODE | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | No VALID OL M/C END. | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY | | | | | | |

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| INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL | INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN | SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER |
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| SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN | AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN |
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| EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE | TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS | OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY | CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER | ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED |
|---|--|---|---|---|

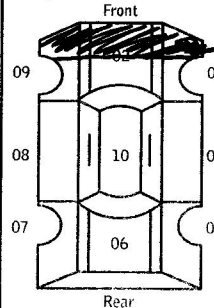
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| ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION |
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|---------------------------|---------------------------|----------------------------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP | | CONTACT PHONE- INCLUDE AREA CODE | | |

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|---------------------------|---------------------------|----------------------------------|-----------------------------------|----------------------------------|---------------------------------------|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | |
| ADDRESS, CITY, STATE, ZIP | | CONTACT PHONE- INCLUDE AREA CODE | | | | | | | |

| | | | | | | | | | |
|---------------------------|---------------------------|----------------------------------|-----------------------------------|----------------------------------|---------------------------------------|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | |
| ADDRESS, CITY, STATE, ZIP | | CONTACT PHONE- INCLUDE AREA CODE | | | | | | | |

| | | | | | | | | | |
|---------------------------|---------------------------|----------------------------------|-----------------------------------|----------------------------------|---------------------------------------|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | |
| ADDRESS, CITY, STATE, ZIP | | CONTACT PHONE- INCLUDE AREA CODE | | | | | | | |

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|--|--|--|----------------------------------|---|
| Unit Number 01 | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) | Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) | Damage Scale 2 | Damaged Area  |
| Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) | | | 1 - None | |
| LP State OH | License Plate Number FSK3620 | Vehicle Identification Number 1GCB514E2K2124437 | 2 - Minor | |
| Vehicle Year 1989 | Vehicle Make Chery | Vehicle Model TK | 3 - Functional | |
| Vehicle Color Red | Proof of Insurance Shown <input checked="" type="checkbox"/> | Insurance Company Sibcy Cline | 4 - Disabling | |
| Policy Number A0H0222451 | Towed By | | 9 - Unknown | |
| Carrier Name, Address, City, State, Zip | | | Carrier Phone- include area code | |

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|-------------------|---|---|---|---|
| US DOT | Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chaff, Gravel | 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown | Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Gravel 4-FT) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | <input type="checkbox"/> Hit / Skip Unit | | |
| HM Class Number | | | | |

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|--|---|--|---|---|---|
| Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown | Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 07 99 - Unknown or Hit / Skip | Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle | Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist |
| <input type="checkbox"/> Has HM Placard | | | | | |

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|--|---|---|--|---|--------------|--|
| Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other | 09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip. | 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative) | Most Damaged Area 02 01 - Nose 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear | 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other | 99 - Unknown | Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
|--|---|---|--|---|--------------|--|

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|--|--|---|--|--|--------------------------------|
| Pre-Crash Actions 01 99 - Unknown | Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn | 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Stopped or Stopped in Traffic 12 - Driverless | 13 - Negotiating a Curve 14 - Other Motorist Action | Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing | 21 - Other Non-Motorist Action |
|--|--|---|--|--|--------------------------------|

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|---|--|--|---|---|
| Contributing Circumstances 07 99 - Unknown | Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road | 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action | Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action | Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects |
|---|--|--|---|---|

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|---|--|--|
| Sequence of Events 1 21 2 21 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 99 - Unknown | Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision | Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object |
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|--|---------------------------|--|--|
| Unit Speed 25 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated | Posted Speed 25 | Traffic Control 01 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported | Unit Direction From 4 To 3 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown |
|--|---------------------------|--|--|

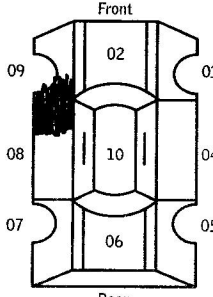


Unit

Local Report Number

14-075

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|--|---|--|--|----------------------------------|
| Unit Number 02 | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Bourasso, Scott, M | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 513-305-4710 | Damage Scale 2 | Damaged Area |
| Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 1053 Hunters Run Dr. Apt 74, Lebanon, OH 45036 | | | | |
| LP State OH | License Plate Number EMJ9930 | Vehicle Identification Number 1B7H638X92S678111 | # Occupants 00 | |
| Vehicle Year 2002 | Vehicle Make Dodge | Vehicle Model TK | Vehicle Color Blue | |
| <input type="checkbox"/> Proof of Insurance Shown | Insurance Company None | Policy Number None | Towed By | |
| Carrier Name, Address, City, State, Zip | | | | Carrier Phone- include area code |
| US DOT | Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chipp, Gravel | Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or 6'-12" + 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway | |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | <input type="checkbox"/> Hit / Skip Unit | | |
| HM Class Number | | | | |
| Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown | | | | |
| Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | | | | |
| Unit Type 07 Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle | | | | |
| Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle | | | | |
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| <input type="checkbox"/> Has HM Placard | | | | |
| Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other | | | | |
| Most Damaged Area 01 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear | | | | |
| Impact Area 01 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear | | | | |
| Action 01 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown | | | | |
| Pre-Crash Actions 10 99 - Unknown | | | | |
| Contributing Circumstances 01 Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless 13 - Negotiating a Curve 14 - Other Motorist Action | | | | |
| Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action | | | | |
| Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects | | | | |
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| Unit Speed 000 | Posted Speed 25 | Traffic Control 01 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported | Unit Direction From 3 To 4 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown | Page of |

| | | | | | | | | | |
|--|--|--|--|--|--|---|--|---|--|
| Unit Number 03 | | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Dunbar, Danielle, N | | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 937-305-2499 | | Damage Scale 2 | | Damaged Area  | |
| Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 518 Mound Ct. Lebanon, OH 45036 | | | | | | | | 1 - None | |
| LP State OH | | License Plate Number FSK3323 | | Vehicle Identification Number 1G4CU5213TH646476 | | # Occupants 00 | | 2 - Minor | |
| Vehicle Year 1996 | | Vehicle Make Buick | | Vehicle Model 9s | | Vehicle Color White | | 3 - Functional | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | | Insurance Company Allstate | | Policy Number 992084228 | | Towed By | | 4 - Disabling | |
| Carrier Name, Address, City, State, Zip | | | | | | | | 9 - Unknown | |
| | | | | | | | | Carrier Phone- include area code | |
| US DOT | | Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs. | | Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chlps, Gravel | | Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway | | <input type="checkbox"/> Hit / Skip Unit | |
| HM Placard ID No. | | <input type="checkbox"/> Hazardous Material Released | | | | | | | |
| HM Class Number | | | | | | | | | |
| Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown | | Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | | Unit Type 03 99 - Unknown or Hit / Skip | | Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle | | Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle | |
| Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other | | 09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip. | | 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative) | | Most Damaged Area 08 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear | | 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other | |
| Pre-Crash Actions 10 99 - Unknown | | Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn | | 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless | | Non-Motorist 13 - Negotiating a Curve 14 - Other Motorist Action | | 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing | |
| Contributing Circumstances Primary 01 Secondary 01 99 - Unknown | | Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road | | 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action | | Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action | | Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects | |
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| | | | | | | | | 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown | |